

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type:: Regular
Subject Matter:: Utility
Title:: DATACONFERENCE APPLIANCE AND SYSTEM
Attorney Docket Number:: 20030/106:3
Request for Non-Publication?:: No
Request for Early Publication?:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 11
Small Entity:: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Middle Name:: E.
Family Name:: Slobodin
City of Residence:: Lake Oswego
State or Province of Residence:: OR
Street of Mailing Address:: 28 Independence Ave.
City of Mailing Address:: Lake Oswego
State or Province of Mailing Address:: OR
Postal or Zip Code of Mailing Address:: 97035
Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: René
Family Name:: Poston
City of Residence:: Portland

State or Province of Residence:: OR
Street of Mailing Address:: 18385 NW Odell Court
City of Mailing Address:: Portland
State or Province of Mailing Address:: OR
Postal or Zip Code of Mailing Address:: 97229
Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jeff
Family Name:: Glickman
City of Residence:: Las Vegas
State or Province of Residence:: NV
Street of Mailing Address:: 3230-8 East Flamingo Road #1007
City of Mailing Address:: Las Vegas
State or Province of Mailing Address:: NV
Postal or Zip Code of Mailing Address:: 89121

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 3528
Phone Number:: 503-224-3380, 503-294-9670
Fax Number:: 503-220-2480
E-Mail Address:: patlaw@stoel.com, kmferris@stoel.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 3528

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/330,253	10/17/01

ASSIGNEE INFORMATION

Assignee Name:: InFocus Corporation
Street of Mailing Address:: 27700B SW Parkway Avenue
City of Mailing Address:: Wilsonville
State or Province of Mailing Address:: OR
Postal or Zip Code of Mailing Address:: 97070-9215

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